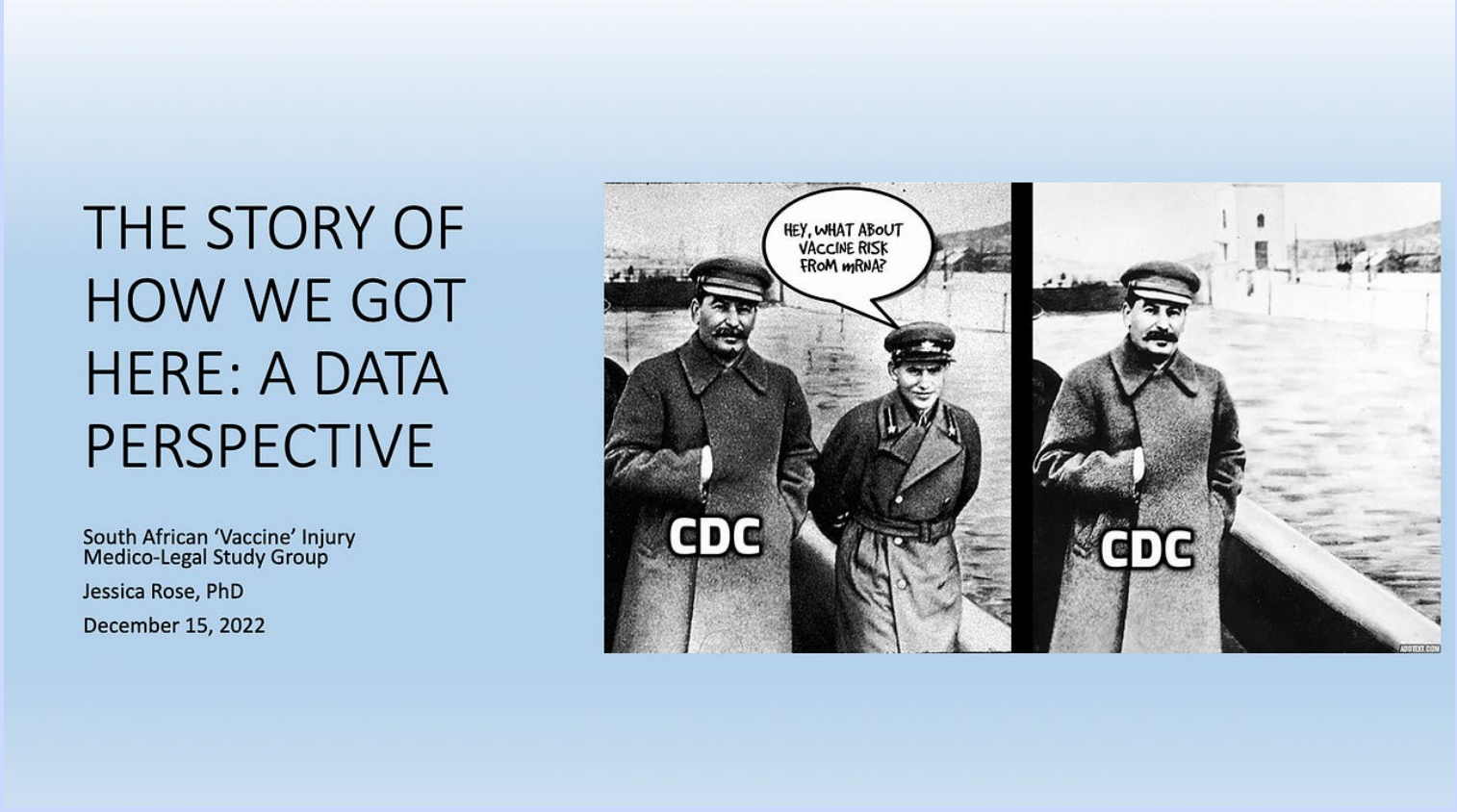
A short compendium of evidence to date...

Excerpt slides from various presentations of late...

Jessica Rose
Dec 16, 2022

333 102

I have become interested lately in more than just reporting on adverse event data and what's going on in the peer-reviewed literature. I seem to be approaching a larger loop in the life spiral where I feel it's time to summarize. So I attempted to do so in a meeting of doctors and lawyers last night. Here are some of the slides I presented. Feel free to add ideas and information so that we can make this slide deck even better. This IS the *new* peer review, after all! And if your 'leaders' won't listen to you or take your ideas to heart, I WILL.

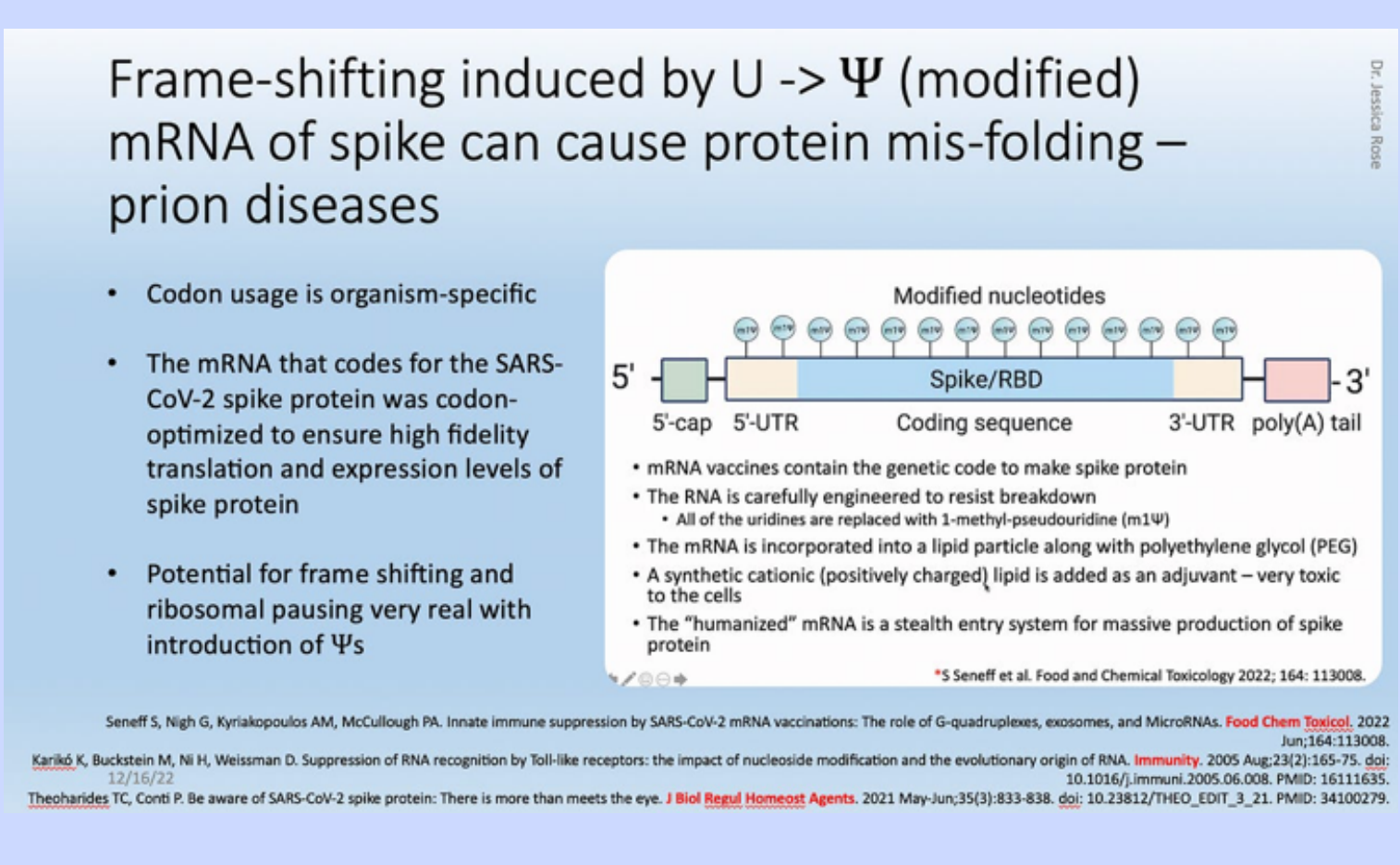


THE STORY OF HOW WE GOT HERE: A DATA PERSPECTIVE

South African 'Vaccine' Injury Medico-Legal Study Group
Jessica Rose, PhD
December 15, 2022

HEY, WHAT ABOUT VACCINE RISK FROM mRNA?
CDC
CDC

I always like to start with a bit a humor - albeit dark. Seems appropriate.



Frame-shifting induced by U -> Ψ (modified) mRNA of spike can cause protein mis-folding – prion diseases

- Codon usage is organism-specific
- The mRNA that codes for the SARS-CoV-2 spike protein was codon-optimized to ensure high fidelity translation and expression levels of spike protein
- Potential for frame shifting and ribosomal pausing very real with introduction of Ψs

- mRNA vaccines contain the genetic code to make spike protein
- The RNA is carefully engineered to resist breakdown
  - All of the uridines are replaced with 1-methyl-pseudouridine (m1Ψ)
- The mRNA is incorporated into a lipid particle along with polyethylene glycol (PEG)
- A synthetic cationic (positively charged) lipid is added as an adjuvant – very toxic to the cells
- The "humanized" mRNA is a stealth entry system for massive production of spike protein

*S Seneff et al. Food and Chemical Toxicology 2022; 164: 113008.

Seneff S, Nigh G, Kyriakopoulos AM, McCullough PA. Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs. Food Chem Toxicol. 2022 Jun;164:113008.
Karikó K, Buckstein M, Ni H, Weissman D. Suppression of RNA recognition by Toll-like receptors: the impact of nucleoside modification and the evolutionary origin of RNA. Immunity. 2005 Aug;23(2):165-75. doi: 10.1016/j.immuni.2005.06.008. PMID: 16111635.
Theoharides TC, Conti P. Be aware of SARS-CoV-2 spike protein: There is more than meets the eye. J Biol Regul Homeost Agents. 2021 May-Jun;35(3):833-838. doi: 10.23812/THEO_EDIT_3_21. PMID: 34100279.

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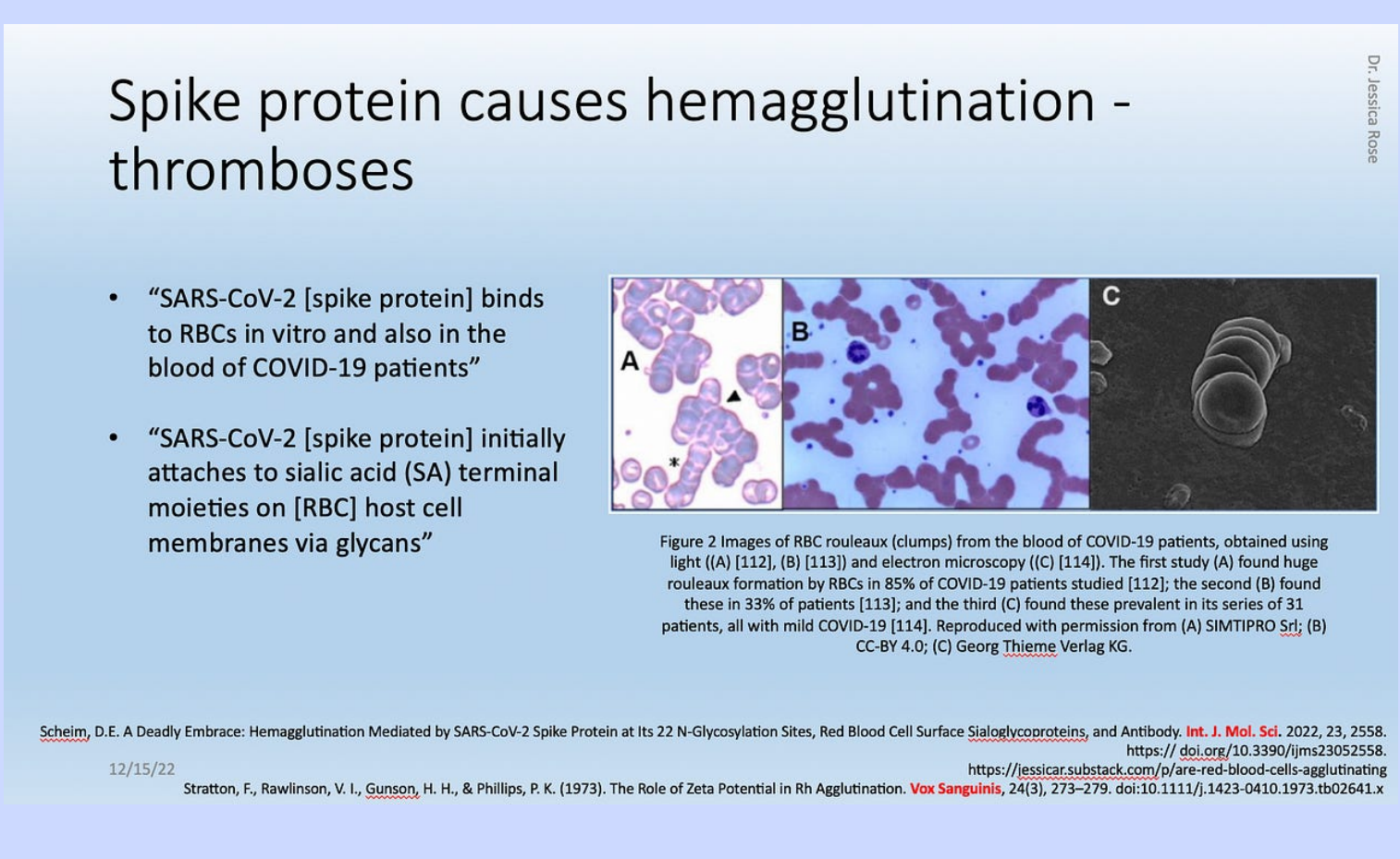
The modified spike protein: it was modified in many specific ways. Apart from the double proline mutation/substitution to maintain the pre-fusion conformation, uridines (U) were swapped out for pseudouridines (Ψ). Also, the entire mRNA was codon-optimized for use in humans. This basically just means that it was engineered to be as efficiently translated and expressed as possible in humans. Codon usage is organism-specific. This process necessarily introduces a higher GC (guanine and cytosine) content. The U to Ψ modification can lead to something called ribosomal pausing - a process that is inextricably linked to proper protein folding. Ribosomes are the protein machines that are fed the mRNA to allow transfer RNAs (tRNAs) to bring their amino acids over for translation and protein synthesis to ensue. This pausing at the exit door of the ribosome results in the ability of the protein to fold at specific sites such that the protein is folded correctly. 'Improper' ribosomal pausing can lead to protein mis-folding. This has to do with electrostatic forces as well, but I won't go there now.

> Protein function depends on the correct folding of the polypeptide chain into a three-dimensional structure, with the exception of disordered proteins. Folding of such structured proteins often occurs co-translationally, i.e., at the ribosome, as the continuously elongating nascent chain emerges from the ribosomal exit tunnel. [1] [2] [3]

Think of a translator reading text in a language that it is familiar with. Then think of them coming across a dialect of this language - they might have to pause to figure out the meanings of some words. This can cause a 'slow down' in the translation process. And in biology, this can lead to amino acid chains getting 'backed up' and subsequent mis-folding. At least, that's how I 'see' it.

The U to Ψ can also lead to ribosomal frame shifting that can lead to unintended proteins being produced and subsequent potential for additional, unintended mis-folded proteins. Codons are always in sets of 3 nucleotide bases so imagine one of the 3 doesn't get read, for example. The reading frame of the mRNA might 'shift' to the next letter in the chain and subsequently, a third member of codon might become the first in a 'new' codon. This is still something I am learning about so feel free to add to this in the comments.



Spike protein causes hemagglutination - thromboses

- "SARS-CoV-2 [spike protein] binds to RBCs in vitro and also in the blood of COVID-19 patients"
- "SARS-CoV-2 [spike protein] initially attaches to sialic acid (SA) terminal moieties on [RBC] host cell membranes via glycans"

Figure 2 Images of RBC rouleaux (clumps) from the blood of COVID-19 patients, obtained using light ((A) [112], (B) [113]) and electron microscopy ((C) [114]). The first study (A) found huge rouleaux formation by RBCs in 85% of COVID-19 patients studied [112]; the second (B) found these in 33% of patients [113]; and the third (C) found these prevalent in its series of 31 patients, all with mild COVID-19 [114]. Reproduced with permission from (A) SIMTIPRO Srl; (B) CC-BY 4.0; (C) Georg Thieme Verlag KG.

Scheim, D.E. A Deadly Embrace: Hemagglutination Mediated by SARS-CoV-2 Spike Protein at its 22 N-Glycosylation Sites, Red Blood Cell Surface Sialoglycoproteins, and Antibody. Int. J. Mol. Sci. 2022, 23, 2558. https:// doi.org/10.3390/ijms23052558.
https://jessicar.substack.com/p/are-red-blood-cells-agglutinating
Stratton, F., Rawlinson, V. I., Gunson, H. H., & Phillips, P. K. (1973). The Role of Zeta Potential in Rh Agglutination. Vox Sanguinis, 24(3), 273–279. doi:10.1111/j.1423-0410.1973.tb02641.x

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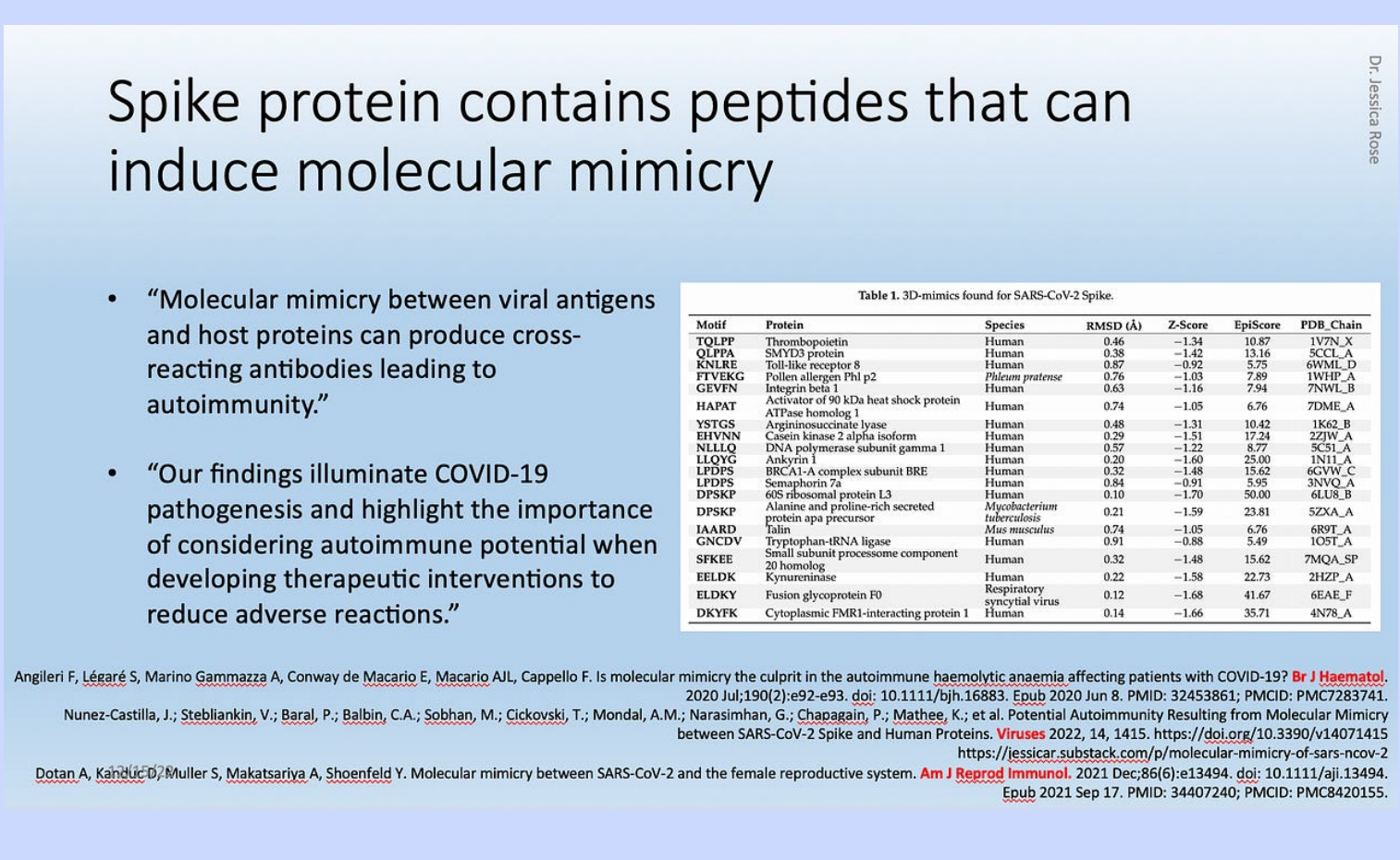
The above-referenced paper came out in February of this year (2022) and it shows an ACE-2/CD147-independent mechanism by which the spike protein acts like velcro to sialic acid-tipped glycans on red blood cells. Sounds like an ingredient for clumping and thrombotic events doesn't it?



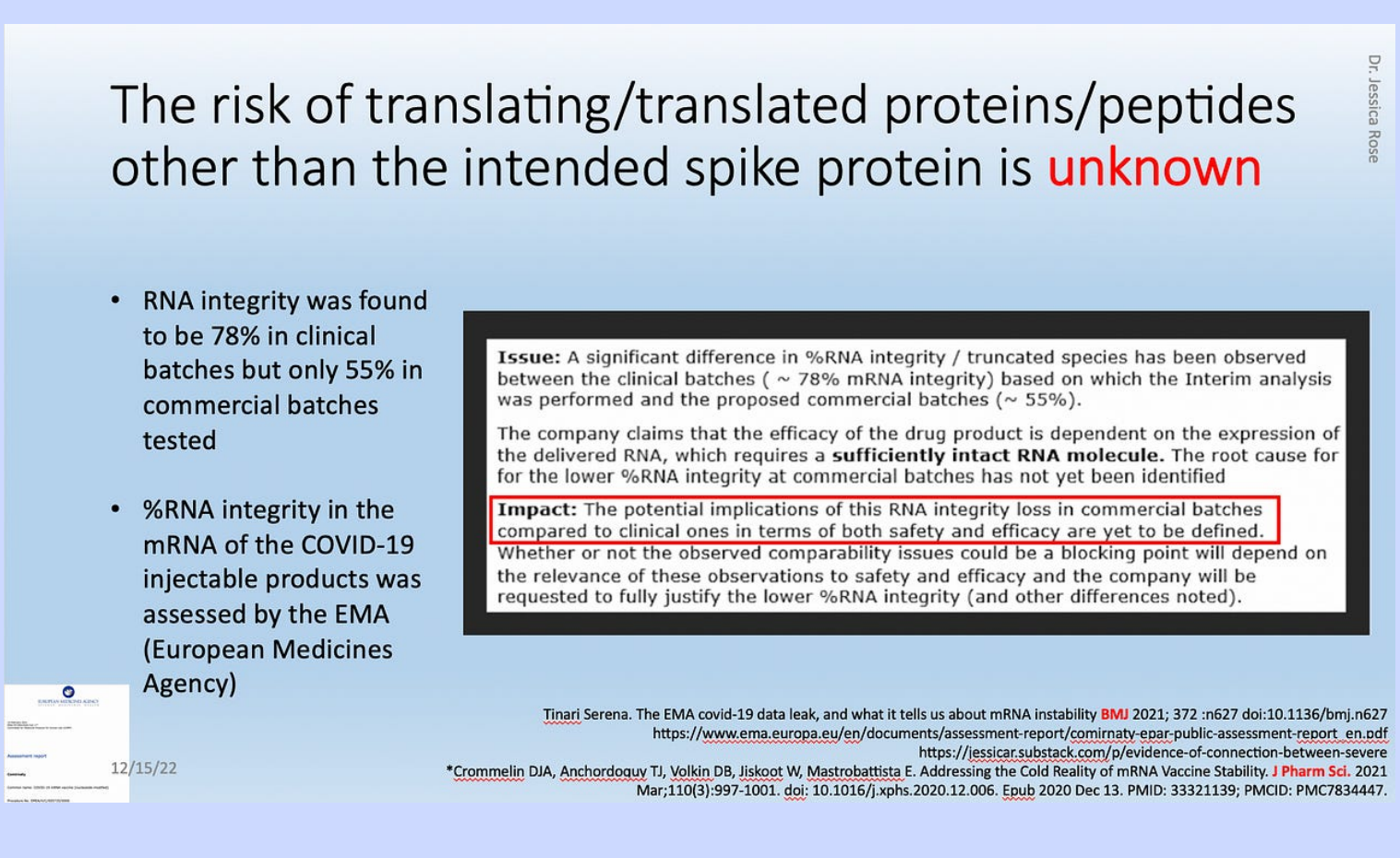
Spike protein contains peptides that can induce molecular mimicry

- "Molecular mimicry between viral antigens and host proteins can produce cross-reacting antibodies leading to autoimmunity."
- "Our findings illuminate COVID-19 pathogenesis and highlight the importance of considering autoimmune potential when developing therapeutic interventions to reduce adverse reactions."

Table 1. 3D-mimics found for SARS-CoV-2 Spike.

Angileri F, Légaré S, Marino Gammazza A, Conway de Macario E, Macario AJL, Cappello F. Is molecular mimicry the culprit in the autoimmune haemolytic anaemia affecting patients with COVID-19? Br J Haematol. 2020 Jul;190(2):e92-e93. doi: 10.1111/bjh.16883. Epub 2020 Jun 8. PMID: 32453861; PMCID: PMC7283741.
Nunez-Castilla, J.; Stebliankin, V.; Baral, P.; Balbin, C.A.; Sobhan, M.; Cickovski, T.; Mondal, A.M.; Narasimhan, G.; Chapagain, P.; Mathee, K.; et al. Potential Autoimmunity Resulting from Molecular Mimicry between SARS-CoV-2 Spike and Human Proteins. Viruses 2022, 14, 1415. https://doi.org/10.3390/v14071415
https://jessicar.substack.com/p/molecular-mimicry-of-sars-ncov-2
Dotan A, Kanduc D, Muller S, Makatsariya A, Shoenfeld Y. Molecular mimicry between SARS-CoV-2 and the female reproductive system. Am J Reprod Immunol. 2021 Dec;86(6):e13494. doi: 10.1111/aji.13494. Epub 2021 Sep 17. PMID: 34407240; PMCID: PMC8420155.

Many papers are being published that lend to the evidence pool that the spike protein contains peptides or 'motifs' that are identical to motifs in human proteins. What this means is that antibodies generated against the spike protein epitopes can also act against the human epitopes as autoantibodies, and cause potential pandemonium. Notice the long list of proteins with shared spike motifs and notice the associated tissues, organs or cells.



The risk of translating/translated proteins/peptides other than the intended spike protein is unknown

- RNA integrity was found to be 78% in clinical batches but only 55% in commercial batches tested
- %RNA integrity in the mRNA of the COVID-19 injectable products was assessed by the EMA (European Medicines Agency)

Issue: A significant difference in %RNA integrity / truncated species has been observed between the clinical batches (~ 78% mRNA integrity) based on which the Interim analysis was performed and the proposed commercial batches (~ 55%).

The company claims that the efficacy of the drug product is dependent on the expression of the delivered RNA, which requires a **sufficiently intact RNA molecule.** The root cause for for the lower %RNA integrity at commercial batches has not yet been identified

Impact: The potential implications of this RNA integrity loss in commercial batches compared to clinical ones in terms of both safety and efficacy are yet to be defined. Whether or not the observed comparability issues could be a blocking point will depend on the relevance of these observations to safety and efficacy and the company will be requested to fully justify the lower %RNA integrity (and other differences noted).

Tinari Serena. The EMA covid-19 data leak, and what it tells us about mRNA instability BMJ 2021; 372 :n627 doi:10.1136/bmj.n627
https://www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report_en.pdf
https://jessicar.substack.com/p/evidence-of-connection-between-severe
*Crommelin DJA, Anchordoquy TJ, Volkin DB, Jiskoot W, Mastrobattista E. Addressing the Cold Reality of mRNA Vaccine Stability. J Pharm Sci. 2021 Mar;110(3):997-1001. doi: 10.1016/j.xphs.2020.12.006. Epub 2020 Dec 13. PMID: 33321139; PMCID: PMC7834447.

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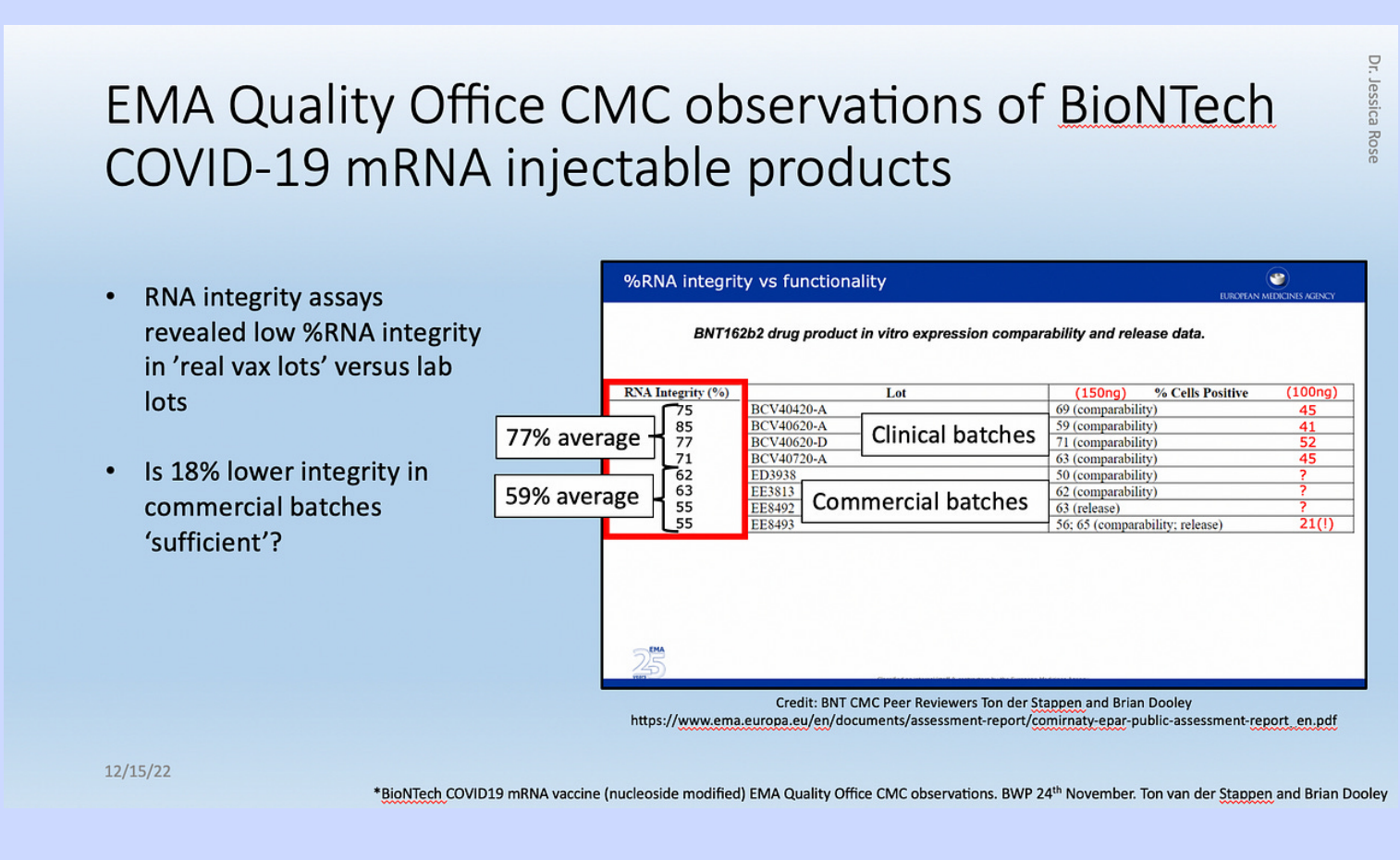
The next few slides are tidbits about %RNA integrity based on the above slide. There were some leaked documents that revealed that the COVID-19 injectable product batches that were tested in the lab had different %RNA integrity (on average) than the batches that were tested for use in people. The latter average was lower than the required Acceptance Criteria according to the European Medical Association, so they simply lowered the Acceptance Criteria to fit what they found to make it 'Acceptable' for use in humans, and to call these products into the 'efficacious sphere'.



EMA Quality Office CMC observations of BioNTech COVID-19 mRNA injectable products

- RNA integrity assays revealed low %RNA integrity in 'real vax lots' versus lab lots
- Is 18% lower integrity in commercial batches 'sufficient'?

%RNA integrity vs functionality

BNT162b2 drug product in vitro expression comparability and release data.

RNA Integrity (%)	Lot	(150ng) % Cells Positive	(100ng)
75	BCV40420-A	69 (comparability)	45
85	BCV40620-A	59 (comparability)	41
77	BCV40620-D	71 (comparability)	52
71	BCV40720-A	63 (comparability)	45
62	ED3938	50 (comparability)	?
63	EE3813	62 (comparability)	?
55	EE8492	63 (release)	?
55	EE8493	56; 65 (comparability; release)	21(!)

Credit: BNT CMC Peer Reviewers Ton der Stappen and Brian Dooley
https://www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report_en.pdf

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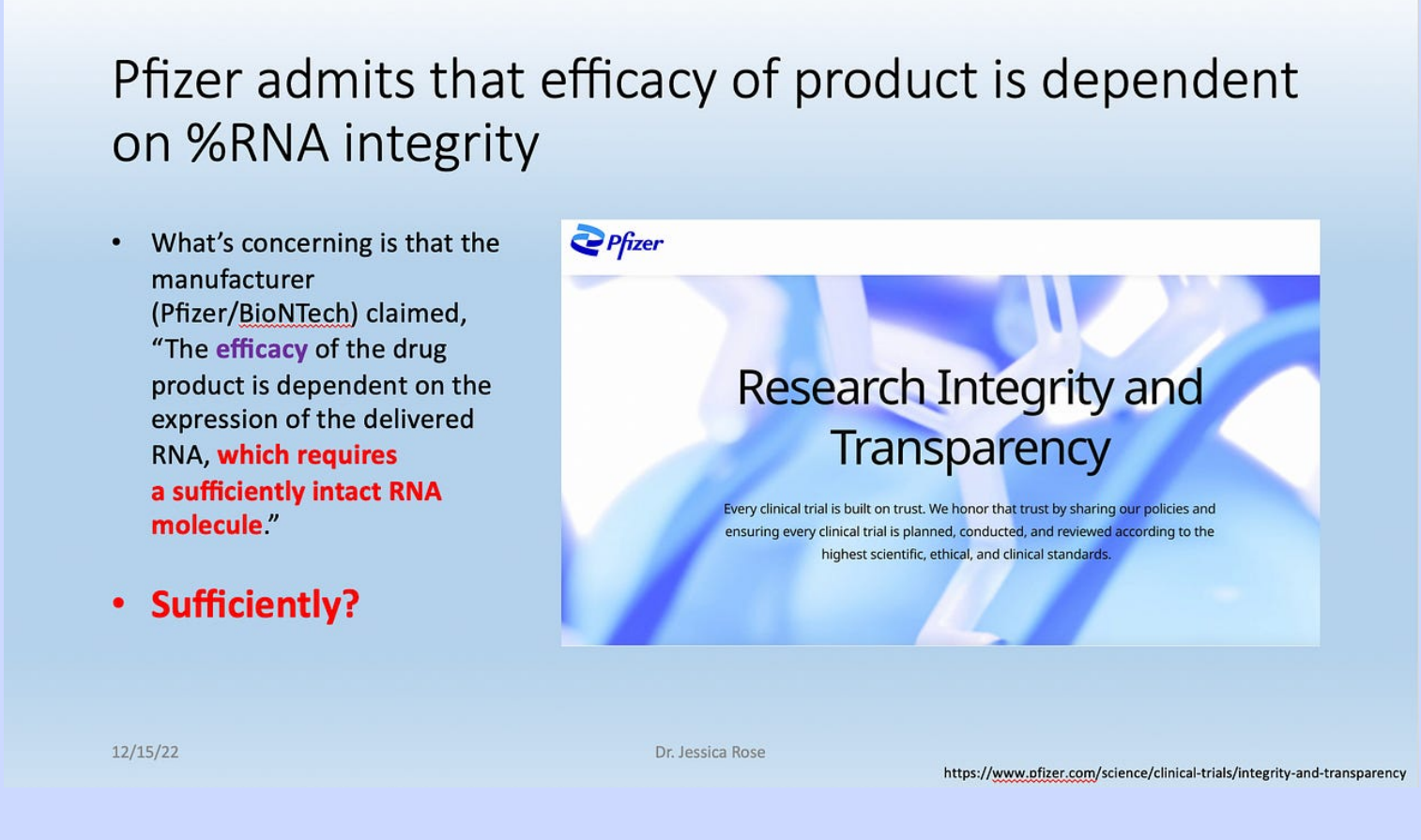
*BioNTech COVID19 mRNA vaccine (nucleoside modified) EMA Quality Office CMC observations. BWP 24th November. Ton van der Stappen and Brian Dooley



Pfizer admits that efficacy of product is dependent on %RNA integrity

- What's concerning is that the manufacturer (Pfizer/BioNTech) claimed, "The efficacy of the drug product is dependent on the expression of the delivered RNA, which requires a sufficiently intact RNA molecule."
- **Sufficiently?**

Pfizer

Research Integrity and Transparency

Every clinical trial is built on trust. We honor that trust by sharing our policies and ensuring every clinical trial is planned, conducted, and reviewed according to the highest scientific, ethical, and clinical standards.

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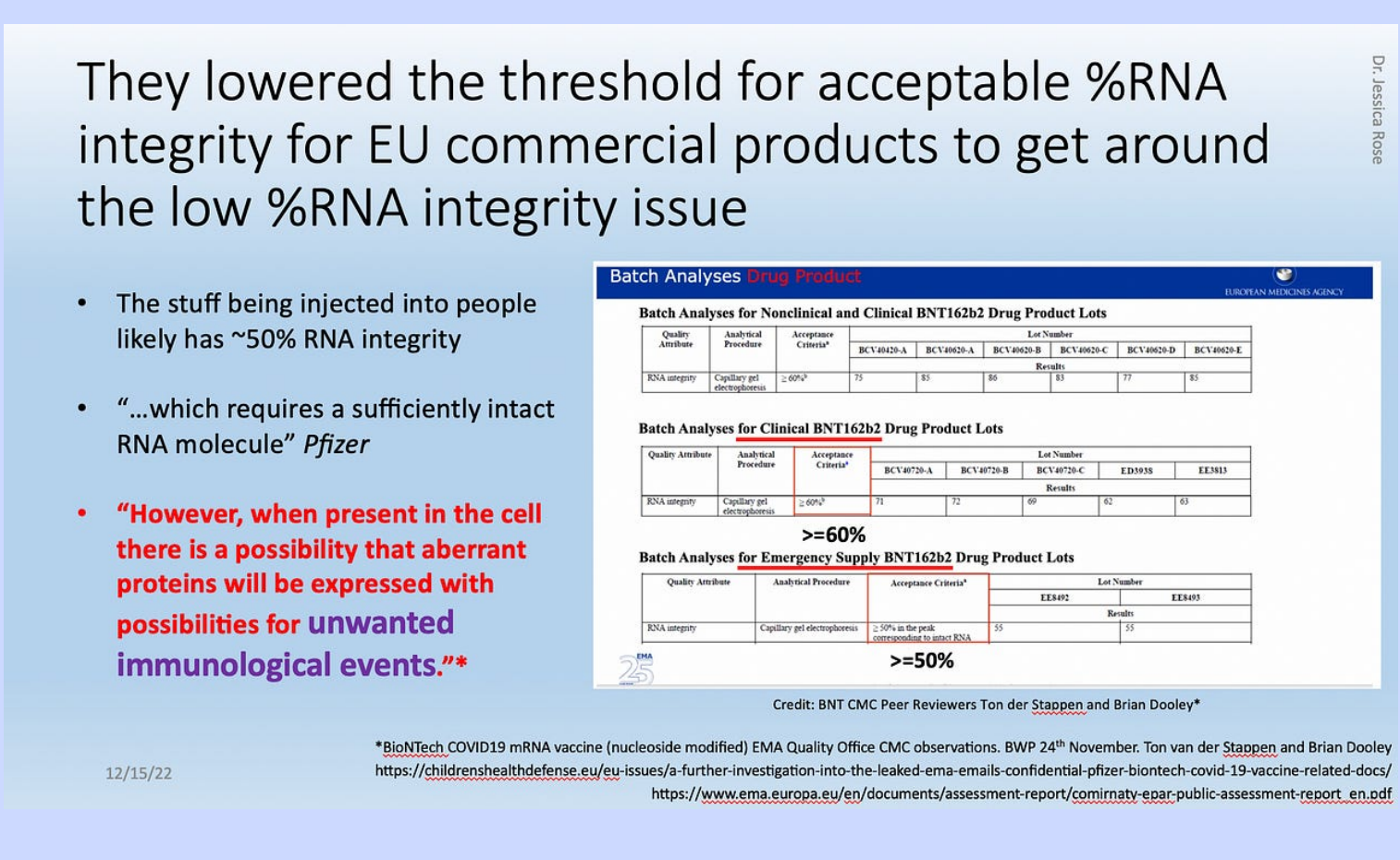
https://www.pfizer.com/science/clinical-trials/integrity-and-transparency

Now, even Pfizer admits that we need those mRNAs to be of a certain integrity in order for the product to be efficacious. Notice they refer to their product as a 'drug' - I do not disagree that these products classify far more suitably as pharmaceuticals (drugs) than biologicals. But, that comes with a whole other boatload of issues and I won't go into that here. So was the %RNA integrity high enough to ensure 'the efficacy of the drug product', in reality? Who knows.



They lowered the threshold for acceptable %RNA integrity for EU commercial products to get around the low %RNA integrity issue

- The stuff being injected into people likely has ~50% RNA integrity
- "...which requires a sufficiently intact RNA molecule" *Pfizer*
- **"However, when present in the cell there is a possibility that aberrant proteins will be expressed with possibilities for unwanted immunological events."***

Batch Analyses Drug Product

Batch Analyses for Nonclinical and Clinical BNT162b2 Drug Product Lots

Batch Analyses for Clinical BNT162b2 Drug Product Lots

>=60%

Batch Analyses for Emergency Supply BNT162b2 Drug Product Lots

>=50%

Credit: BNT CMC Peer Reviewers Ton der Stappen and Brian Dooley*

*BioNTech COVID19 mRNA vaccine (nucleoside modified) EMA Quality Office CMC observations. BWP 24th November. Ton van der Stappen and Brian Dooley
https://childrenshealthdefense.eu/eu-issues/a-further-investigation-into-the-leaked-ema-emails-confidential-pfizer-biontech-covid-19-vaccine-related-docs/
https://www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report_en.pdf

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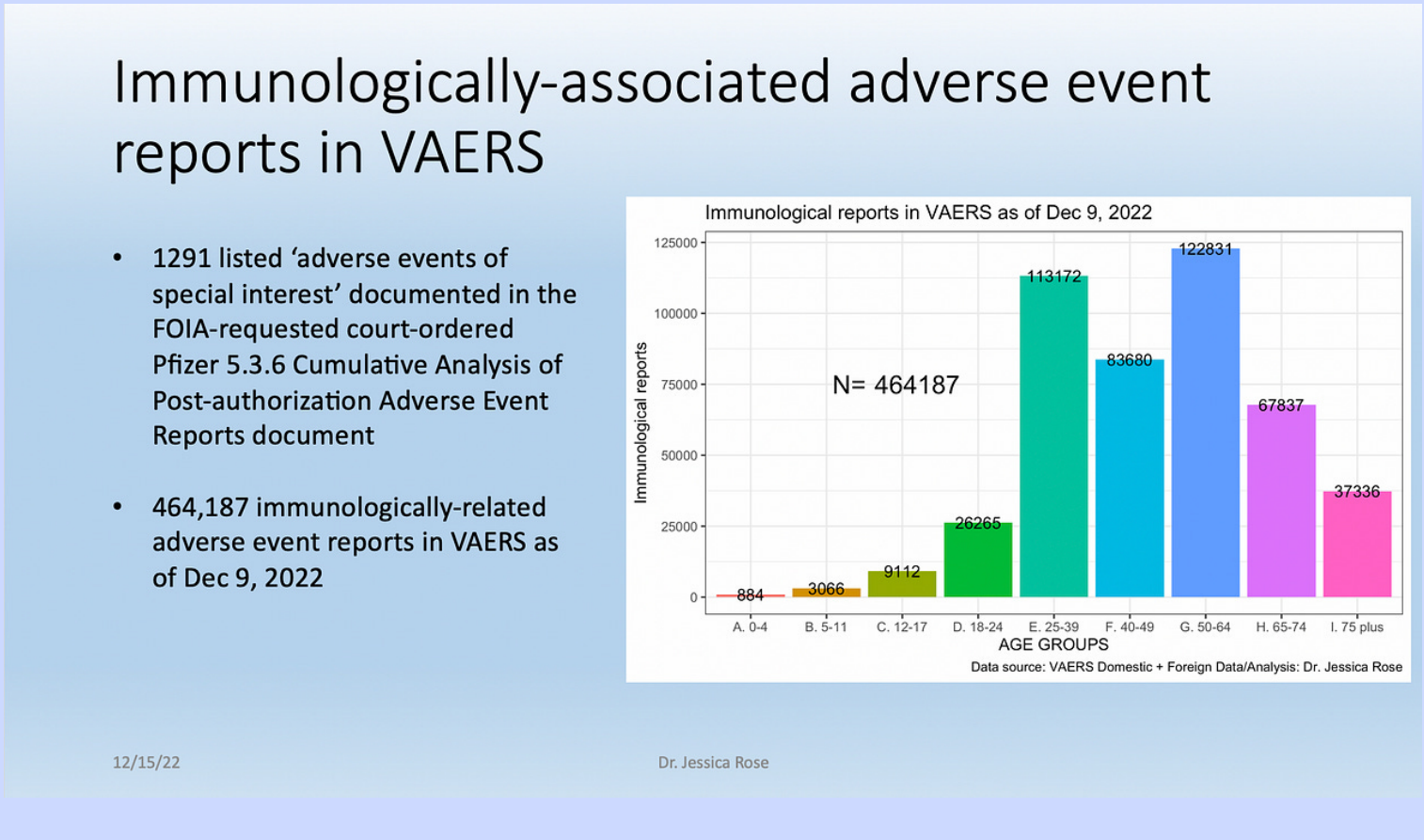
And what of the potential for 'unwanted' effects of having truncated RNAs being translated into smaller peptides and not full-length spike protein? Is this a better deal-io or a worse deal-io?



Immunologically-associated adverse event reports in VAERS

- 1291 listed 'adverse events of special interest' documented in the FOIA-requested court-ordered Pfizer 5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports document
- 464,187 immunologically-related adverse event reports in VAERS as of Dec 9, 2022

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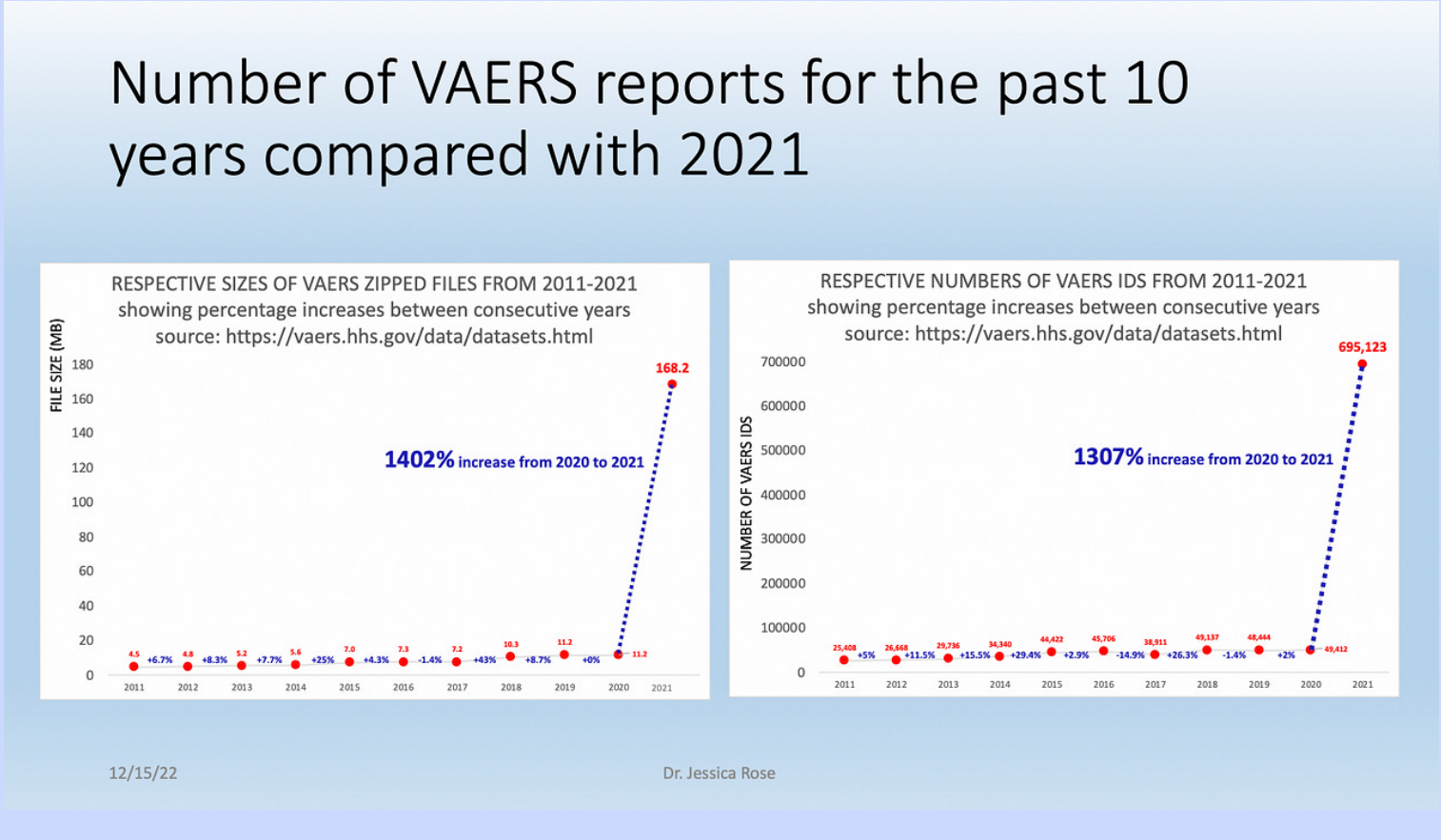
I counted the number of immunologically-associated reports in VAERS and to date, there are just under half a million. No under reporting factor considered here, by the way. These numbers far and away exceed anything reported for the past 30 years for all vaccines combined. The chart below shows only the VAERS absolute counts for Domestic data for the past 10 years by file size (left) and by number of VAERS IDs (right). See the difference? The CDC doesn't.



Number of VAERS reports for the past 10 years compared with 2021

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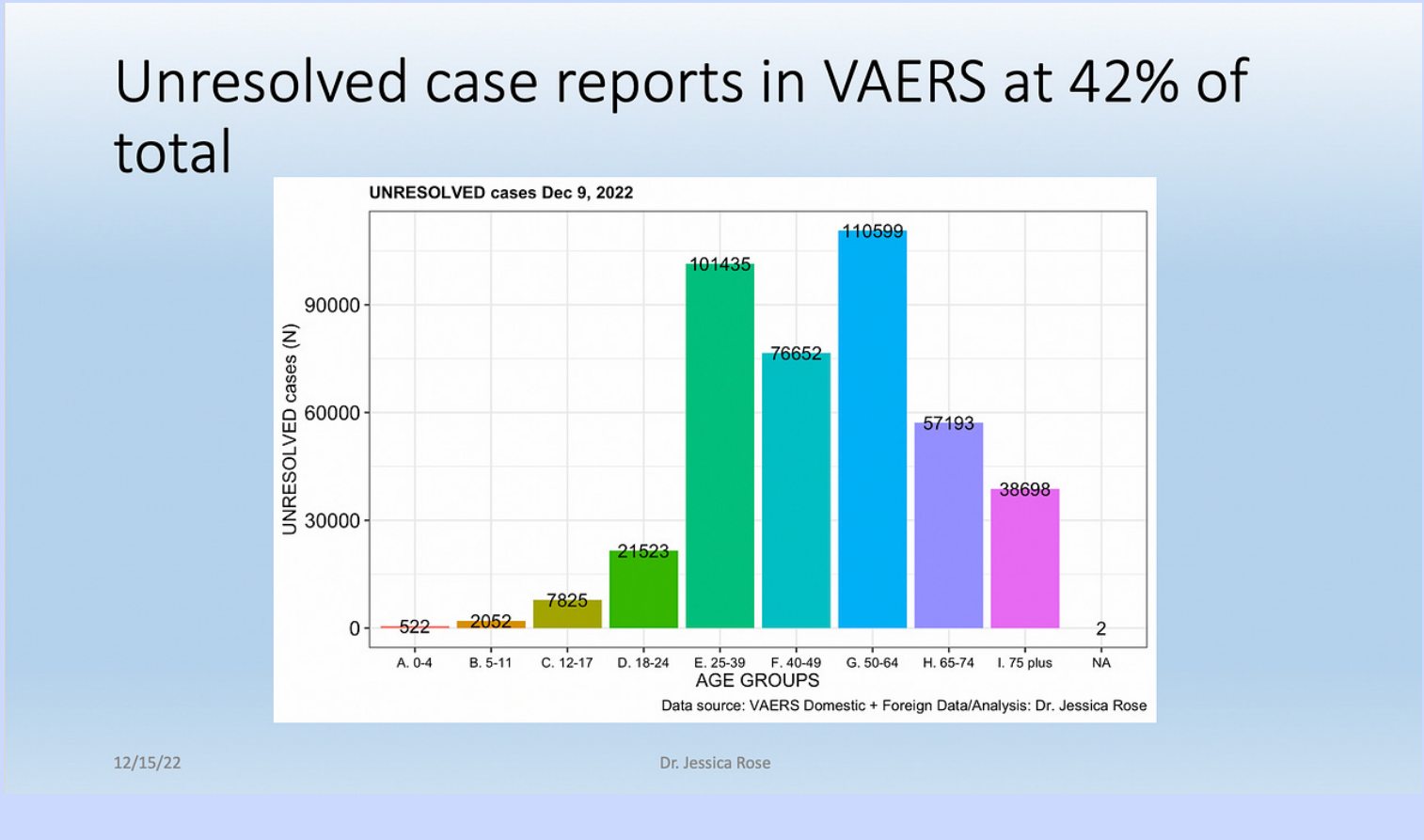
It is also of interest on the subject of VAERS reports that a large percentage of people are still suffering.



Unresolved case reports in VAERS at 42% of total

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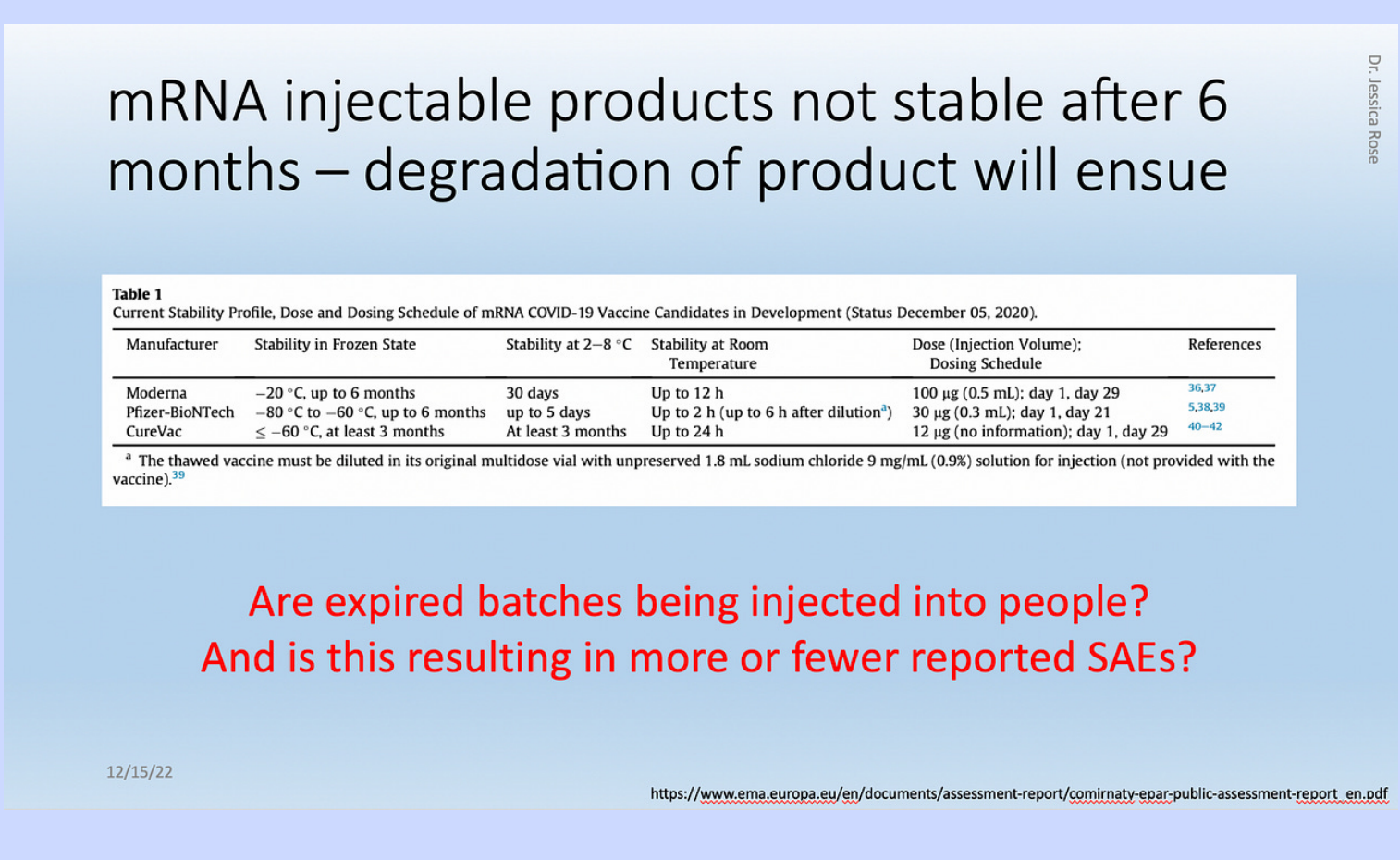
No transience here folks. And I might add that in addition to the 42% of people reporting unresolved adverse events, 26% were reported as 'unknown' with regard to resolution, so it is entirely possible that the total percentage of unresolved reports in VAERS in 68%.



mRNA injectable products not stable after 6 months – degradation of product will ensue

Table 1
Current Stability Profile, Dose and Dosing Schedule of mRNA COVID-19 Vaccine Candidates in Development (Status December 05, 2020).

Manufacturer	Stability in Frozen State	Stability at 2–8 °C	Stability at Room Temperature	Dose (Injection Volume); Dosing Schedule	References
Moderna	−20 °C, up to 6 months	30 days	Up to 12 h	100 μg (0.5 mL); day 1, day 29	36,37
Pfizer-BioNTech	−80 °C to −60 °C, up to 6 months	up to 5 days	Up to 2 h (up to 6 h after dilution[a])	30 μg (0.3 mL); day 1, day 21	5,38,39
CureVac	≤ −60 °C, at least 3 months	At least 3 months	Up to 24 h	12 μg (no information); day 1, day 29	40–42

[a] The thawed vaccine must be diluted in its original multidose vial with unpreserved 1.8 mL sodium chloride 9 mg/mL (0.9%) solution for injection (not provided with the vaccine).[39]

Are expired batches being injected into people?
And is this resulting in more or fewer reported SAEs?

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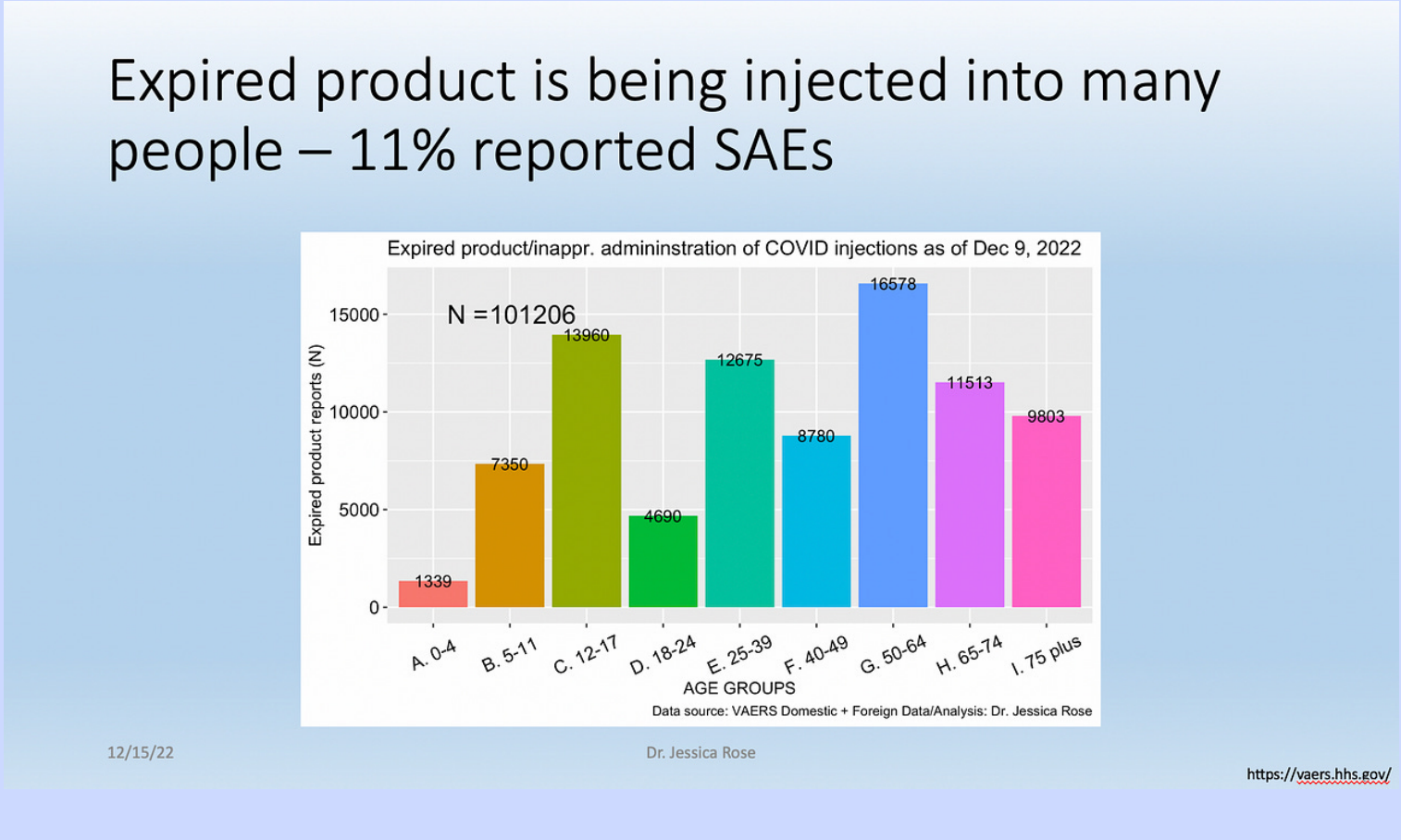
https://www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report_en.pdf

I also re-examined a question I had asked myself ages ago about the potential inverse relationship between expired products and severe adverse event (SAE) occurrence. It is interesting that over 100,000 people have reported being injected with expired products. No under reporting factor. Of these reports, a relatively low percentage qualify as severe.



Expired product is being injected into many people – 11% reported SAEs

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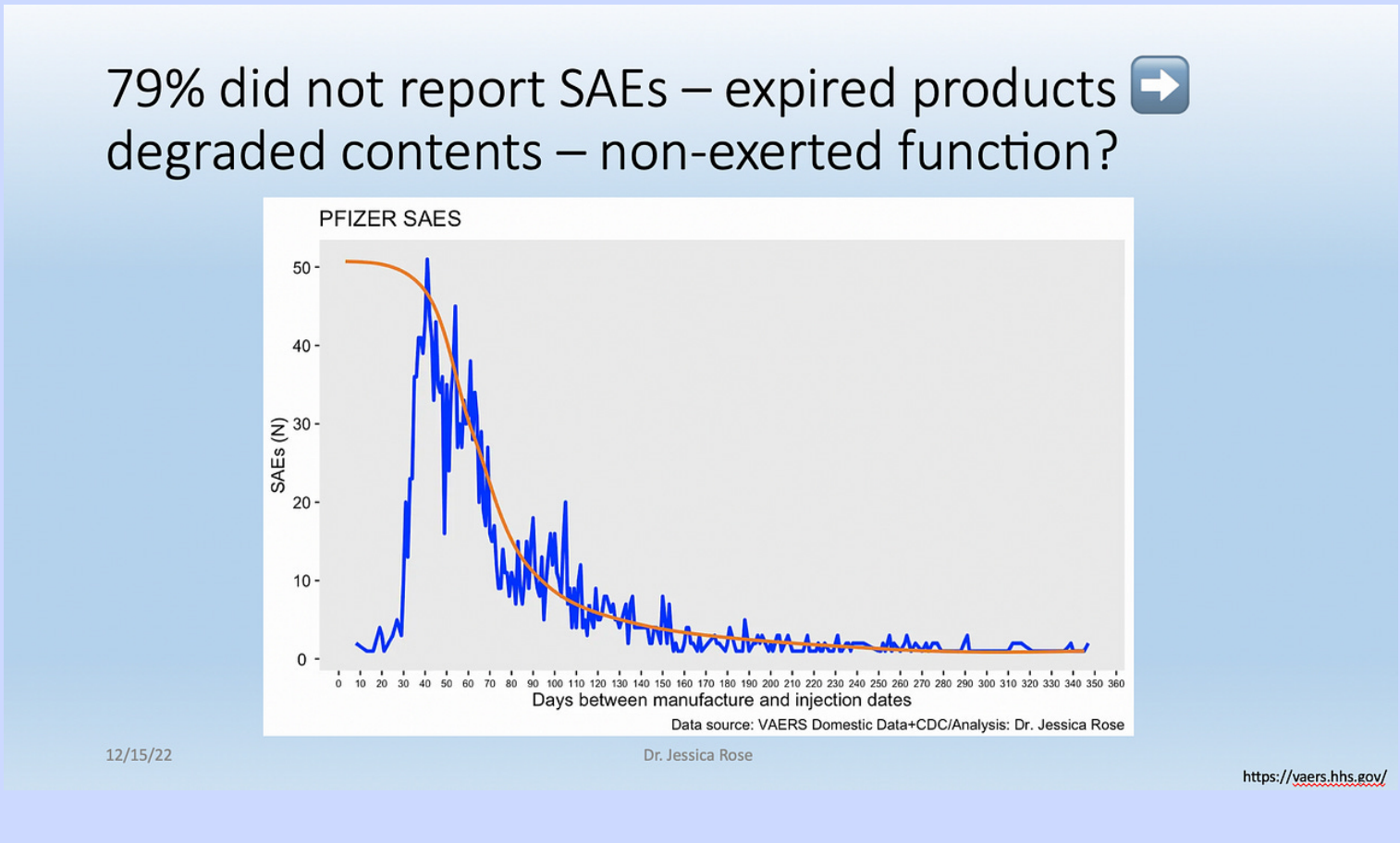
https://vaers.hhs.gov/



79% did not report SAEs – expired products ➡️ degraded contents – non-exerted function?

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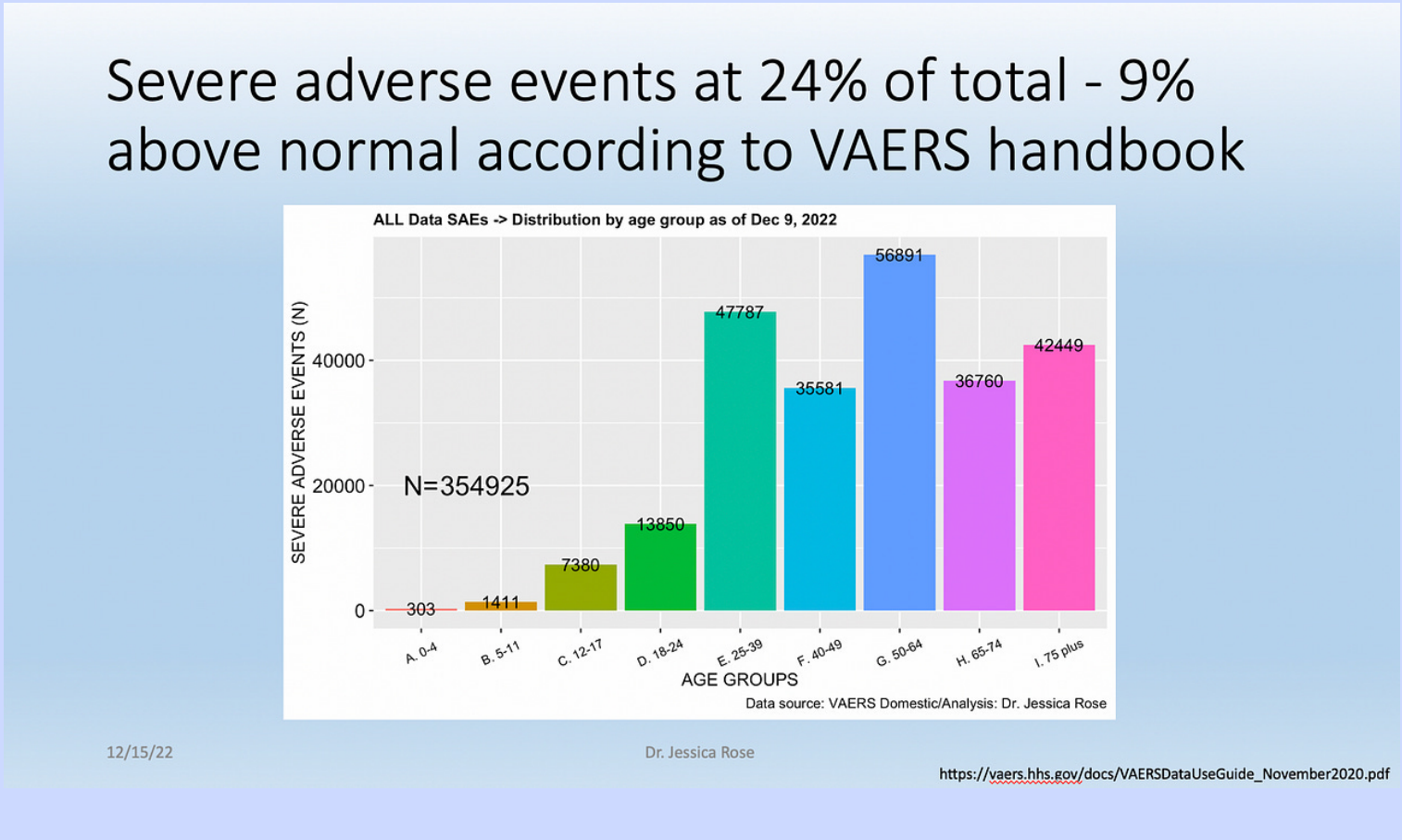
https://vaers.hhs.gov/

It appears as though most people (79%) did not have an associated severe adverse event of those who were reported as having been injected with an expired product. Does this lend credence to the idea that people are better off with expired products because they have become inert?



Severe adverse events at 24% of total - 9% above normal according to VAERS handbook

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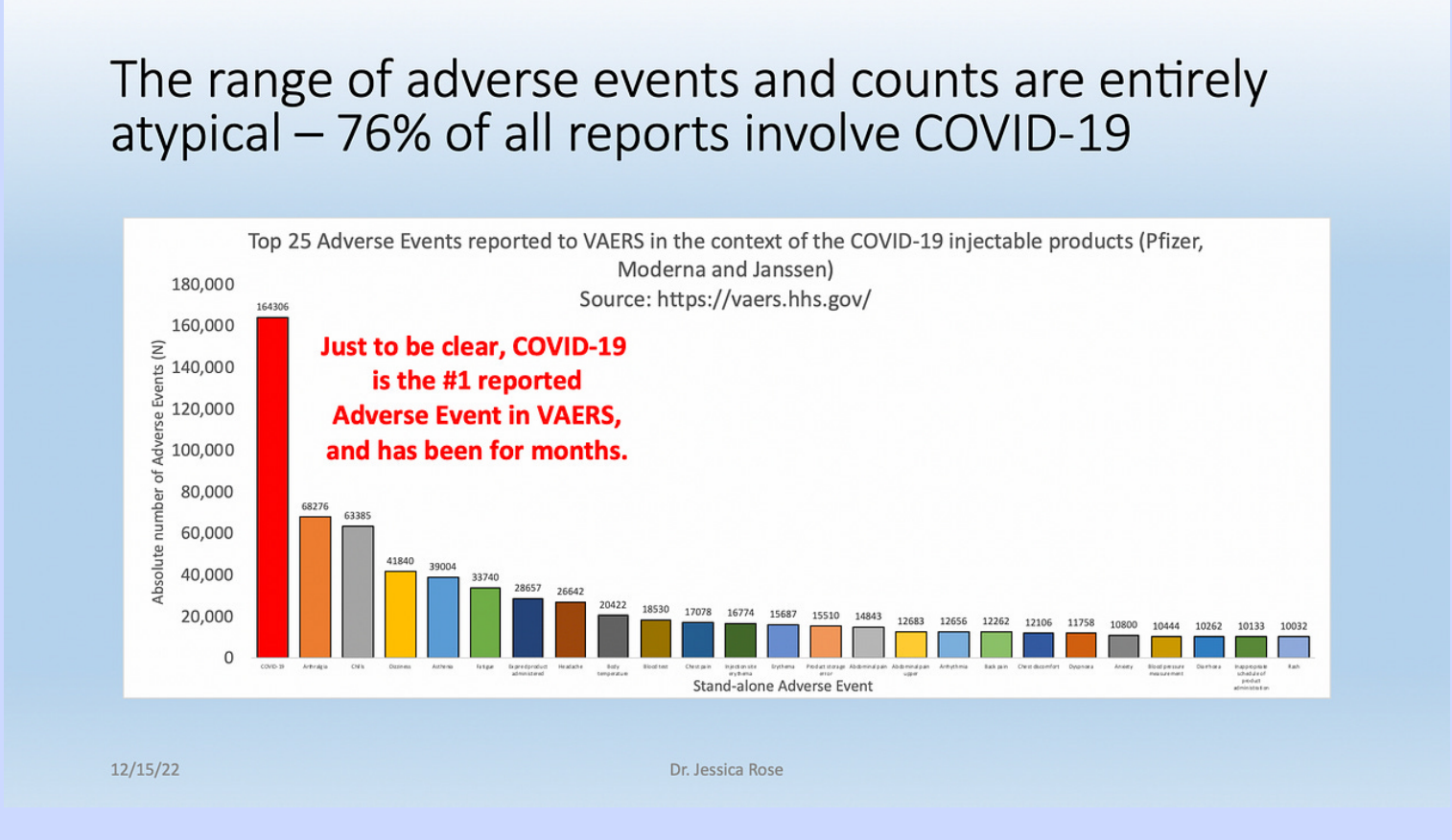
https://vaers.hhs.gov/docs/VAERSDataUseGuide_November2020.pdf

It is exceedingly important that people know that the average percentage of SAEs for any year total, according to the VAERS handbook, is 15%. We have exceeded this average throughout the entire COVID-19 injectable product roll-out (since January 2021), with a peak in February 2021 of over 50%. We are currently at 24%, and this is exceedingly high.

ONE QUARTER OF ALL REPORTS FILED TO VAERS IN THE CONTEXT OF THE COVID SHOTS ARE CONSIDERED SEVERE? What? Anybody listening?



The range of adverse events and counts are entirely atypical – 76% of all reports involve COVID-19

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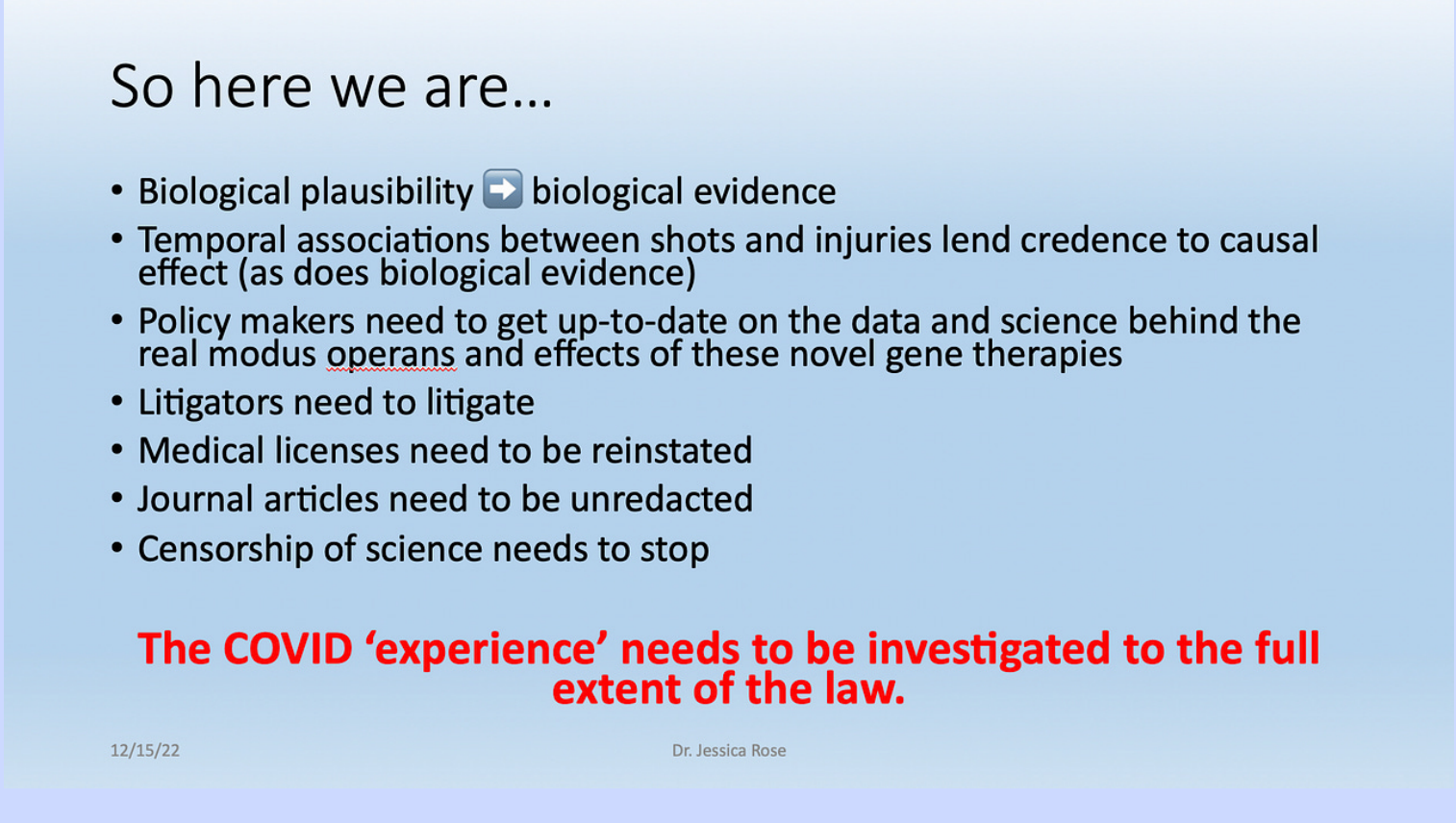
One last thing worth noting in the context of 'efficacy'. Safe and EFFECTIVE, right? 76% of all people with reports in VAERS currently have associated COVID-19. Can you believe that? COVID-19 has been the #1 reported adverse event in VAERS for months, but it surprised even me when I did a search for COVID-19 in all the VAERS IDs by SYMPTOM, to find that 76% of these people have a COVID-19-associated MedDRA code included in their report.

The ironic injection? I think so. No, it's not effective and it very clearly leads to productive infection - not reduction of transmission - enhanced likelihood of transmission, in fact. More sick people, more transmission. Way to go pharma, you got more patients. Harms? Exceeding amounts. Again, way to go.

So this is where we are. I leave you with my summary slide. We are in a place of choice, my friends. We either choose to end this. Or we do not.



So here we are...

- Biological plausibility ➡️ biological evidence
- Temporal associations between shots and injuries lend credence to causal effect (as does biological evidence)
- Policy makers need to get up-to-date on the data and science behind the real modus operans and effects of these novel gene therapies
- Litigators need to litigate
- Medical licenses need to be reinstated
- Journal articles need to be unredacted
- Censorship of science needs to stop

The COVID 'experience' needs to be investigated to the full extent of the law.

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Here's some Radiohead excellence to perk up the day. I know this bass line inside and out.

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[1] Fedorov, A. N. & Baldwin, T. O. Cotranslational protein folding. *J. Biol. Chem.* **272**, 32715–32718 (1997).

[2] Kramer, G., Ramachandiran, V. & Hardesty, B. Cotranslational folding—omnia mea mecum porto? *Int. J. Biochem. Cell Biol.* **33**, 541–553 (2001).

[3] Wruck, F., Tian, P., Kudva, R. *et al.* The ribosome modulates folding inside the ribosomal exit tunnel. *Commun Biol* **4**, 523 (2021). https://doi.org/10.1038/s42003-021-02055-8.

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philipat Dec 16, 2022 Liked by Jessica Rose

I find myself increasingly drawn to the issue of mRNA integrity and, specifically, the temperature requirements for the supply chain. This is an aspect which I don't think has been adequately looked at.

Even in the US and Europe the ability to transport, store and deliver products at -70 degrees is patchy at best. In ROW, non-existent. As a side issue, even if stored correctly through to the point of delivery, were there adequate storage facilities at the point of delivery and were adequate instructions available as to how the product should be taken from -70 degrees down to injection temperateure and how long the vials can be kept under normal refrigeration? I suspect there are a LOT of grey areas here!

Setting aside for a moment the issue of efficacy, perhaps the good news is that degraded RNA cannot do the same harm. At the extreme,, the issue here becomes perhaps the batches that have been reported to cause many of the AEs were NOT, in fact, the "bad" batches, but actually the "good" batches which had been correctly temperature-controlled throughout!!

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Air Lift Underground Writes Over-the-Counter Counter-Propag... Dec 16, 2022 · *edited Dec 16, 2022*
Liked by Jessica Rose

It stands to reason that degraded product is less dangerous, especially for acute, serious reactions, the kind that will send a signal to VAERS. What's left is the pseudo-u and NLP's, and these may certainly be immunosuppressive, but you aren't going to get spike-related syndromes without much spike.

There are way too many people walking around who not only have been fine, but everyone they know is, as well. This sometimes applies even to people who are aware of the dangers, but are bewildered that it hasn't landed in their circle of familiarity. This can really only be explained by a systemic effect at the local level; i.e., lax protocols for handling and storage, or a deliberate shipment of inactive product.

What would you do, if you had a runaway train of adverse reactions and no longer cared as much about efficacy as keeping the warp core from melting down? A change in protocols would be the quick fix.

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5 replies

100 more comments...

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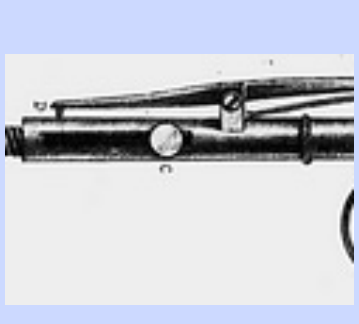
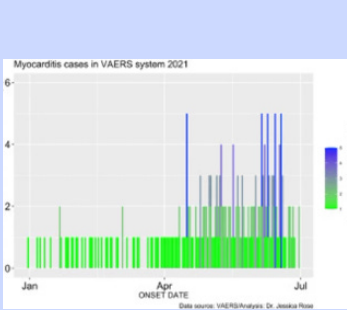


This is one of the emails I received the other day. I get hundreds daily, and I am hearing you all.
This particular note spoke loudly to me and this lovely person gave me permission to share her words.
JESSICA ROSE JUL 17, 2022 1,651 231



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Jessica Rose PhD, MSc, BSc and Peter A. McCullough MD, MPH
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Rewrite: Let's tag team this until everybody understands

The modified spike protein is dangerous and for very specific reasons.

JESSICA ROSEJUN 13, 2022 ♡679 💬140

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